Arthrocare CorRECEIVED CENTRAL FAX CENTER

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				Docket No. E-5-2
	PETITION FOR EXTENSION			
		In re Application of: DAVII	D C. HOVDA et al.	
		Application Number: 09/98	3,736	Filed:Sept. 26, 2001
	FOI: SYSTEMS AND METHODS FOR ELECTROSURGICAL TREATMENT OF TURBINATES			TROSURGICAL
•		Group Art Unit: 3739		Examiner: L. Cohen
-	This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and appropriate non-small-entity fee are as follows (check time period desired).			
	One month (37 CFR X Two months (37 CF Three months (37 CF Four months (37 CF Five months (37 CF	R 1.17(a)(2)) FR 1.17(a)(3)) R 1.17(a)(4))		\$450 \$ \$
o/25/2005 18 L-50:2202	0(Applicant/claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$			
	A check in the amount of the fee is enclosed.			
	Payment by credit card. Form PTO-2038 is attached. The Commissioner has already been authorized to charge fees in this application to a Deposit Account.			
	The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-0359.			
	I am the applicant/inventor assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96) attorney or agent of record. attorney or agent under 37 CFR 1.34(a). Registration number if scting under 37 CFR 1.34(a)			
	WARNING: Information on this included on this form. Provide	G: Information on this form may become public. Credit card Information should not be on this form. Provide credit card information and authorization on PTO-2038.		
01/25/20 01 FG:12	Date	963736 - 3	Raj Jaipershad Reg. No. 44,168	<u> Slad</u>
	NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
	☐ Total of forms are submitted.			